

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G548		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/13/2011	
NAME OF PROVIDER OR SUPPLIER BLUE RIVER SERVICES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 3607 KLERNER LN NEW ALBANY, IN47150			
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W0000	<p>This visit was for a fundamental recertification and state licensure survey.</p> <p>Dates of Survey: September 6, 7, 8 and 12, 13, 2011</p> <p>Facility Number: 001062 Provider Number: 15G548 AIM Number: 100385660</p> <p>Surveyor: Jo Anna Scott, Medical Surveyor III</p> <p>These deficiencies also reflect state findings in accordance with 431 IAC 1.1, Quality Review completed 9-29-11 by C. Neary, Program Coordinator.</p>			W0000			
W0116	<p>The facility must provide each identified residential living unit with appropriate aspects of each client's record.</p> <p>Based on record review and interview for 2 of 4 sample clients (clients #1, #2, #3 and #4), the facility failed to ensure the Behavior Support Plans (BSP) were accessible to staff.</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 9/7/11 at 1:16 PM. The program book included the Individualized Support Plan (ISP) dated 7/20/11, the formal training goal data sheets and the</p>			W0116	<p>The Behavior Support Plans for clients #1, 2, 3 and 4 have been printed, reviewed by staff and signed. They are filed in a binder and kept in the office at this facility and are available for staff access. To protect other clients: The Behavior Support Plans for all the clients at this facility have been printed, reviewed by staff, signed and filed in the office. The Behavior Specialist also reviews each client's Behavior Support Plan with staff annually. During this review the Behavior Specialist is able to communicate</p>		10/13/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>behavior data sheets. The behavior data sheets indicated client #1 had the following behaviors:</p> <p>1. "Spitting Behavior defined as spitting in public, spitting in the presence of others, and spitting on surfaces or in locations that create unsanitary conditions."</p> <p>2. "Not Following his AM/PM schedule defined as exceeding designated time limits to eat meals, complete shower/hygiene tasks, complete home maintenance tasks, or causing delays for outings/scheduled group activities."</p> <p>3. "Inappropriate Responses to staff feedback defined as ignoring/refusing to do anything, crying, verbal aggression and physical aggression."</p> <p>The program book did not include a BSP providing prevention strategies or intervention strategies.</p> <p>The record review for client #2 was conducted on 9/7/11 at 11:20 AM. The program book included the ISP dated 6/8/11, the formal training goal data sheets and the behavior data sheets. The behavior data sheets indicated client #2 had the following behaviors:</p> <p>1. "Inappropriate Attention-Seeking Behavior defined as seeking confirmation/reassurance from others."</p> <p>2. "Collecting and/or Holding Inappropriate Items defined as taking and</p>				<p>directly with staff and provide in-depth training on the Behavior Support Plan. Modifications are also made to the plan as necessary based on input from staff To prevent recurrence: Blue River Services staff reviewed the procedures for distribution of the Behavior Support Plans. A checklist was developed to be used to ensure that the Behavior Support Plans are in place at each facility and accessible to staff. The QMRP will complete the checklist 30 days after the client's annual conference to ensure that the current Behavior Support Plan is in place in each facility. Quality Assurance: The QMRP will check each client's file 30 days after the client's annual conference to ensure that the current Behavior Support Plan is in place and accessible to staff. The checklist will be completed to document that the plans are in place in the group home. Responsible party: QMRP.</p>		

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	<p>stuffing items (usually new or used napkins or paper towel) in his pockets, stashing items in his room/bed (including food), and looking through/taking items out of the trash."</p> <p>The program book did not include a BSP providing prevention strategies or intervention strategies.</p> <p>The record review for client #3 was conducted on 9/8/11 at 10:14 AM. The program book included the ISP dated 2/15/11, the formal training goal data sheets and the behavior data sheets. The behavior data sheets indicated client #3 had the following behavior:</p> <p>1. "Relaying Non-Factual Information defined as telling fabricated stories, making false or exaggerated claims (including being ill or having physical behaviors), withholding important information, and gossiping about others."</p> <p>The program book did not include a BSP providing prevention strategy or intervention strategy.</p> <p>The record review for client #4 was conducted on 9/8/11 at 12:21 PM. The program book included the ISP dated 8/2/11, the formal training goal data sheets and the behavior data sheets. The behavior data sheets indicated client #4 had the following behaviors:</p> <p>1. "Problematic Symptoms Due to</p>						

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W0250	<p>Depression defined as crying and being tearful."</p> <p>2. "Problematic Symptoms Due to Anxiety defined as physical aggression toward others (lunging toward them, grabbing or hitting with his hands) and objects (striking them, throwing them, knocking them over), self-injurious behavior (biting his hand while jumping up and down), loud rapid speech, and repetitive questions/statements."</p> <p>The program book did not include a BSP providing prevention strategy or intervention strategy.</p> <p>Interview with staff #2, Home Manager (HM), on 9/8/11 at 2:00 PM indicated clients #1, #2, #3 and #4 had current behavior plans but the staff did not have access to the plans.</p> <p>1.1-3-1(a)</p> <p>The facility must develop an active treatment schedule that outlines the current active treatment program and that is readily available for review by relevant staff.</p> <p>Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the facility failed to ensure an active treatment schedule was available for staff.</p> <p>Findings include:</p>			W0250	<p>An active treatment schedule was prepared for client #1, 2, 3 and 4. The active treatment schedules are filed in a binder in the office of the facility. The binder is accessible to the staff working with the clients at this facility. The staff at this facility will be notified</p>		10/13/2011

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	<p>The record review for client #1 was conducted on 9/7/11 at 1:16 PM. The record did not include a current active treatment schedule to assist staff working with client #1.</p> <p>The record review for client #2 was conducted on 9/7/11 at 11:20 AM. The record did not include a current active treatment schedule to assist staff working with client #2.</p> <p>The record review for client #3 was conducted on 9/8/11 at 10:14 AM. The record did not include a current active treatment schedule to assist staff working with client #3.</p> <p>The record review for client #4 was conducted on 9/8/11 at 12:21 PM. The record did not include a current active treatment schedule to assist staff working with client #4.</p> <p>Interview with staff #2, Home Manager (HM), on 9/8/11 at 2:00 PM indicated there were no current active treatment schedules.</p> <p>1.1-3-4(a)</p>				<p>of the location of the active treatment schedules. To protect other clients: Active treatment schedules will be prepared for all clients and filed in a binder at each facility. The binder will be accessible to the staff working with the clients at each facility. The staff at each facility will be notified of the location of the active treatment schedules. To prevent recurrence: A checklist was developed to be used to ensure that the active treatment schedules are in place at each facility and accessible to staff. Quality Assurance: The QMRP will check the client's file 30 days after the client's annual conference to ensure that the current active treatment schedule is in place in each facility. The checklist will be completed to document that the schedules are in place in the group home. Responsible party: QMRP.</p>		

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W0314	<p>Drugs used for control of inappropriate behavior must be monitored closely in conjunction with the physician and the drug regimen review requirement at §483.460(j). Based on record review and interview for 1 of 4 sampled clients (client #4), the facility failed to ensure the drugs for the control of inappropriate behavior had been monitored by the physician.</p> <p>Findings include:</p> <p>The record review for client #4 was conducted on 9/8/11 at 12:21 PM. The record indicated client #4 received Risperidone for behavior, Vemafaxine HCL ER for depression and Buspirone for anxiety. The record indicated the physician had reviewed the medication at the annual physical examination on 10/1/10 and the next review was conducted on 5/27/11.</p> <p>Interview with staff #2, House Manager (HM), on 9/9/11 at 1:30 PM indicated the review was missed in January, 2011 and the April, 2011 review had to be rescheduled and was done on 5/27/11. Staff #2, HM, indicated he did not know why the review was not done in January, 2011.</p> <p>1.1-3-5 (a)</p>			W0314	<p>Client #4 had an appointment with his physician for drug monitoring on September 19, 2011. The documentation for this appointment is filed in client #4's medical chart. To protect other clients: The manager developed a spreadsheet to list time frames for future medical appointments. The spreadsheet includes appointment times for drug regimen reviews. The manager will use this tool to ensure that appointments are scheduled for drug regimen reviews in a timely manner. To prevent recurrence: All home managers will complete a spreadsheet for medical appointments for the residents in their home. This sheet will be sent to the Residential Director for review. A copy will also be sent to the Residential Nurse. The manager will refer to this sheet throughout the year to ensure that appointments are made in a timely manner. Quality Assurance: The nurse will have a copy of the appointment spreadsheet available at each monthly chart review and will check for needed appointments during that review. The nurse will document due dates for medical appointments in the residents file and inform the Home Manager. The Home Manager will ensure that appointments have been</p>		10/13/2011

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W0327	<p>The facility must provide or obtain annual physical examinations of each client that at a minimum includes tuberculosis control, appropriate to the facility's population, and in accordance with the recommendations of the American College of Chest Physicians or the section on diseases of the chest of the American Academy of Pediatrics, or both. Based on record review and interview for 4 of 4 sampled clients (clients #1, #2, #3 and #4), the facility failed to ensure tuberculosis (Mantoux) tests or tuberculosis screenings had been conducted annually.</p> <p>Findings include:</p> <p>The record review for client #1 was conducted on 9/7/11 at 1:16 PM. The record indicated client #1 had a TB (Mantoux test) given and read in October, 2009. The record indicated client #1 had his current physical examination on 10/7/10. Client #1 did not receive a TB (Mantoux) test at that time.</p> <p>The record review for client #2 was conducted on 9/7/11 at 11:20 AM. The record indicated client #2 had a TB test given and read in July, 2010. The record indicated client #2 had his current physical examination on 7/9/11. Client #2</p>			W0327	<p>scheduled in the required time frames. Responsible parties: Home Manager and Residential Nurse.</p> <p>Tuberculosis (Mantoux) screenings will be conducted for client #1, 2, 3 and 4. To protect other clients: The manager developed a spreadsheet to list time frames for future medical appointments. TB (Mantoux) screening will be included on the spreadsheet. The manager will use this tool to ensure that appointments for TB (Mantoux) screenings are scheduled in a timely manner. To prevent recurrence: All home managers will complete a spreadsheet for medical appointments for the residents in their home. This sheet will be sent to the Residential Director for review. A copy will also be sent to the Residential Nurse. The manager will refer to this sheet throughout the year to ensure that appointments are made in a timely manner. The Interdisciplinary Team (IDT) will also review TB test results at the annual case conference for each client. Quality Assurance: The nurse will have a copy of the</p>		10/13/2011

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	<p>did not receive a TB (Mantoux) test at that time.</p> <p>The record review for client #3 was conducted on 9/8/11 at 10:14 AM. The record indicated client #3 had a TB test given and read in February, 2010. The record indicated client #3 had his physical examination on 2/8/11. Client #3 did not receive a TB (Mantoux) at that time.</p> <p>The record review for client #4 was conducted on 9/8/11 at 12:21 PM. The record indicated client #4 could not have a TB (Mantoux) test and he had a chest x-ray on 9/17/09. The record did not indicate a tuberculosis screening had been conducted since 9/17/09.</p> <p>Interview with staff #2, Home Manager (HM), on 9/12/11 at 1:12 PM indicated clients #1, #2 and #3 were supposed to get the TB tests at their annual physical. Staff #2, HM, indicated there was not a current tuberculosis screening for client #4.</p> <p>1.1-3-6(a)</p>				<p>appointment spreadsheet available at each monthly chart review and will check for needed appointments during that review. The nurse will document due dates for medical appointments in the residents file and inform the Home Manager. The Home Manager will ensure that appointments have been scheduled in the required time frames. Responsible parties: The IDT, Home Manager and Residential Nurse.</p>		